

NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants: Mohamed Attawia, Hassan Serhan, Thomas M. DiMauro, Melissa Grace and David Urbahns

Application No.: 10/714,594 Group: 1649

Filed: November 14, 2003 Examiner: Hayes, Robert Clinton

Confirmation No.: 3230

For: AUTOLOGOUS TREATMENT OF DEGENERATED DISC WITH CELLS

CERTIFICATE OF MAILING OR TRANSMISSION	
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:</p>	
Date	Signature
<hr/> <hr/>	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeals to the Board of Patent Appeals and Interferences from the decision dated May 12, 2009 of the Examiner finally rejecting claims 1-4, 6, 7, 11-17, 20-24 and 31-34. The items checked below are appropriate:

1. Applicants hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated May 12, 2009 for three months from August 12, 2009 to November 12, 2009.
2. A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
 Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.

3. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months	\$1,110
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension ([] mo.)	\$[]
	Less fee paid ([] mo.)	<u>\$[]</u>
	Balance of fee due	\$[]
<input checked="" type="checkbox"/>	Notice of Appeal	\$ 540
<input type="checkbox"/>	Other	\$[]
		<u>TOTAL \$1,650</u>

4. The method of payment for the total fees is as follows:

A check in the amount of \$[] is enclosed.

Please charge Deposit Account No. 08-0380 in the amount of \$1,650.

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Deirdre E. Sanders
 Deirdre E. Sanders
 Registration No.: 42,122
 Telephone: (978) 341-0036
 Facsimile: (978) 341-0136

Concord, MA 01742-9133

Dated: November 12, 2009